PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correct maintenance fee notifica	ed below or directed oth	nerwise in Block I, by (a				arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
26683	7590 01/03	/2011		Cortific	to of Mailing or Trans	emission
THE GATES (IP LAW DEPT. 1551 WEWATT			I ho Sta add trar	ereby certify that this Fetes Postal Service with stressed to the Mail Stommitted to the USPTO (be(s) Transmittal is being sufficient postage for fir p ISSUE FEE address 571) 273-2885, on the c	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
DENVER, CO 8	30202					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT*	TORNEY DOCKET NO.	CONFIRMATION NO.
10/551,835	10/551,835 08/07/2006		Akihiro Hironaka	GUA UTO 415		6175
TITLE OF INVENTION	: HELICALLY-TOOTH	ED-BELT TRANSMIS	SION DEVICE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/04/2011
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
AUNG, SAN M		3657	474-205000	_		<u></u>
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Paul N. Dunlap, Esq. 2 Jeffrey A. Thurnau, Esq. Thomas A. Dougherty, Es			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		
(A) NAME OF ASSI THE GATES 1551 Wewat	^{GNEE} CORPORATION tta Street, IF	Dept. 10-A3,	(B) RESIDENCE: (CITY Denver, Color	and STATE OR COU	NTRY)	locument has been filed for
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual Ky Corpor	ation or other private gr	oup entity Government
4a. The following fee(s) Issue Fec Publication Fee (N Advance Order -	No small entity discount p	permitted)	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0475 (enclose an extra copy of this form).			
a. Applicant claim	tus (from status indicated as SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no lor	•		
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if reqrecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than Office.	the applicant; a registere	ed attorney or agent; or t	he assignee or other party in
Authorized Signature	Dr. O	Memlay	P	Date	/2011	
Typed or printed name Paul N. Dunlap				Registration No. 52,840		
This collection of inform an application. Confiden submitting the complete this form and/or suggest	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	on is required to obtain or I.14. This collection is es depending upon the indice Chief Information Office COMPLETED FORMS.	retain a benefit by the p timated to take 12 minu vidual case. Any comm er, U.S. Patent and Trac	ublic which is to file (an tes to complete, includir ents on the amount of ti lemark Office, U.S. Dep	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.